

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000178

AMENDED

Registration District No. 31 Primary Registration District No. 5106 Registrar's No. 1

STATE FILE NUMBER

FILED JAN 16 1962

1. PLACE OF DEATH

a. COUNTY

BENTON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN COLELength of stay in 1b
11 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY BENTON

c. CITY
OR TOWN LINCOLNInside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 16 MILES S. COLE CAMPInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
16 miles S. COLE CAMPReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First JAMES

Middle WESLEYAN

Last

DEVINE

4. DATE OF DEATH

Month JAN.

Day 6

Year 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-15-1889

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
MACHINIST10b. KIND OF BUSINESS OR INDUSTRY
MILLWRIGHT11. BIRTHPLACE (City and state or country)
COLUMBUS, OHIO12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

WILLIAM DEVINE

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

MARY E. DEVINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

YES WORLD WAR I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MARY E. DEVINE LINCOLN MO. RT. 2

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN
ONSET AND DEATH
HRS.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hemorrhage, Esophageal Varices

DUE TO (c)

Undetermined

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 5th to only and last saw him alive on Jan. 5th
Death occurred at 7 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL

23b. DATE

JAN. 8, 1962

23c. NAME OF CEMETERY OR CREMATORY

MT. MARIAH

23d. LOCATION (City, town, or county)

KANSAS CITY MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

CHARLES F. FOX COLE CAMP, MO.

1-8-62

B L Bucknaff

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Fox

Licensed Embalmer No. 4610

P. O. Address Cole Camp, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.